(126)

AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. Y, WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied.

	E OF DEA				
MILHIM	e or City Ja	Aurose	ark, m	d .	No. 4
Length	of residence in c	ity or town where d	eath occurred	yrsmos	/ds.
2. FULL	NAME	Mr. Fran	k Babes	ck	
(a) R	esidence: No	9 Park	Place _ (Usual place	of abode)	St.,
PER	SONAL AN	D STATISTI	CAL PARTI	CULARS	
3. SEX	4. colo	R OR RACE		RIED, WIDOWED, D (write the word)	21. DAT
5a. If married	widowed, or divi	orced	7710000		
HUSBAN (or) WIF	D of E of Mrs.	Juliu B	almande		22.
	,,,,,,,	Journa 1	00000		lugi
		y, and year) Ju	1		I last saw i
7. AGE	Years	Months V	Days	If LESS than 1 dey,hrs.	The PRINC
	16	1 4		ormin.	were as fo
S ki	, profession, or p nd of work done, AWYER, BOOKKE	as SPINNER, EPER, etc	Peal Est	ati	aci
2 W	try or business in ork was done, as AW MILL, BANK,	SILK MILL /A	un bus	iness	aio
10. Date	deceased last wo	rked et	ena ena	ime (years) nt In this upation	stoner.
12. BIRTHPL/	-	walten		fork.	Other Con
13. NAME	10.	Samuel	R. La. L)	- Inim
5	IPLACE (city or to	1/2/	plan T.	New york	Neme of or
(8	tate or country)			J	Whet test
	EN NAME	Clens	wood		23. If death
D 16. BIRTH	PLACE (city or to	own) Shau	ertown.	Newyork	Accident, s
Σ (5	tate or country)		,	g	Where did
17. INFORMAT		San V	Hope M	lecods !	Specify wh
18. BURIAL C	REMATION OF	WELLE	Date Oct	50, 39	Manner of
- (y	Gascho	Don	2	24. Was dis
19. UNDERTA (Addre		watte	wille	ma	If so, spec
1	ut 20 1	120 016	We from	12011	(Signe
20. FILEDOY	1. 10	192-/	4. V. K. K. L.	1 way	-

192

nery	Registration Dist. No.
a Park md.	No. Washington Sour & Haspital Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
n where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
Frank Babeock	If U. S. Veteran, specify WAR
Park Place -	St., Ward, Riverdale md. P.
(Usual place of abode)	If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Murriel	21. DATE OF DEATH October 19 193 37
Marian	(Month) (Day) (Year)
in Babcock.	22. I HEREBY CERTIFY, That I attended deceased from Curguet 30 1937 to October 19 37
٨	() · (nod o) · (a) 27
11) June 20-1861	I last saw h_L malive on Of olev 19, 19.7 (_; death is said
onths V Days If LESS than	to have occurred on the date stated above, atlm.
† 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
0 0	4 1 1
NER, Real Estate	acult / removery Edford 19/19/37
1. Our business	acoute myo candoral failing
1	The cholesystect of sons por formed for gall-
11. Total time (years) spent in this occupation 154.	stones il som hisation, six weeks, from history 25 years.
lton New York	Other Contributory Causes of Importance: Little Quese.
, 0	Primary causes Gall-stones
uel Babrack	O O O
y /	Mallowate a laws 10/19/23
Lampton, new york.	Neme of operation
1	Whet test confirmed diegnosis?
Waod	23. If death wes due to externel causes (VIOLENCE) fill in elso the following:
havertown, New york	Accident, suicide, or homicide?
1/ 1/2 0	Where dld Injury occur? (Specify city or town, county and State)
m & Hosp. Records	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Carla III	
Desendoct to, 37	Manner of injury
Date 19	Nature of Injury
sche Rone	24. Was disease or injury In any way related to occupation of deceased?
therell main	If so, specify ADDD ADDD
(14/1/im 1 mill	(Signed) Mendeld & Massin M.D.
Registrar.	(Address), Riverdall Mid.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

-WRITE PLA

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 19.7	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	PLACE OF D		-	95-E)		. ~
	County	serfq.		Registr	ation Dist. No.	218
	Village or City	Tehnien	town Villa	No. (If death occurred in a hospital or institution, give its	St.,	Ward
	Length of residence	in city or town where	death occurredyrs	hosds. How long in U.S. if of foreign bir		
2.	FULL NAME	Sophia	ann. Fer	mell		
	(a) Residence: N	o Har	therdring	St., Ward.		
	DEDCONAL	AND STATIST	(Usual place of abode)	If none	esident give city or town ar	nd State
3. S		OLOR OR RACE	ICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	ATE OF BEATH	
-	Fable -	White	OR DIVORCED (write the word)	(Month)	— 23 — (Day)	, 193_7 (Year)
58. 1	f married, widowed, or HUSBAND of (or) WIFE of	School School	Q-Bennet	22. I HEREBY CER	TIFY, That I attende	d deceesed from
			451871	I last saw h. & alive on /Q	-19- 103	2_: death is sai
6. D	ATE OF BIRTH (month	Months	Days If LESS than	to have occurred on the date stated above, at_	2 A .m.	r, death is sai
	68	3	/ 8 1 dey,h ormin.		1	Date of onse
NO	8. Trade, profession, kind of work d	one, as SPINNER,	Reliens	Dank Wasak	2 30/100	10601
E	A Industry or busine	KKEEPER, etc.		- wine sum	fr. Local Land	-1-23/3
5		, as SILK MILL, NK, etc	1			
8	10. Date deceased last this occupation year)	(month and	11. Total time (years) spant in this occupation			
		. /	110	Other Contributory Causes of importance:		
12.	BIRTHPLACE (city or to (State or country)	own)		Cardio - neshin	lis	1934
ER	13. NAME 10	harles	Daries.			
FATH	14. BIRTHPLACE (city	or town)	fas	Name of operation	Date of.	
	(State or count	try)	ci.	What test confirmed diagnosis?	Wes there ar	n autopsy?
끮	15. MAIDEN NAME	Walker	me frail.	23. If death was due to external causes (VIOLE	NCE) fill In also the followi	ng:
MOT	16. BIRTHPLACE (city (State or coun		N.	Accident, suicide, or homicide?	Date of injury	, 19
	(State of Count	211	1014	Where did Injury occur?(Specify	city or town, county and S	tate)
17.	(Address)	schare	witten med.	Specify whether injury occurred in INDUSTRY	, IN HUME, OF IN PUBLIC E	PLACE.
18.	BURIAL, CREMATION.	OR REMOVAL	40100	Manner of injury		
	Plece flag	Millery	Date 127, 20, 190	Nature of injury		
19.	UNDERT (KER (Address)	Anne V	gumphine.	24. Was disease or injury in any way related to	occupation of deceased?_	****
_	A . /		0 0 10	77 (N/ CM)	118001	

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

	infor-	state	UPA.	
	Jo m	pinoy	220	
1	ite	70	of	
`	Every	CIAN	tement	
	RD.	YSI	sta	
	ECO	PH	xact	-
	I R	Y.	图	
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
Z	RM.	XA	clas	
2	PE	_ 因	rly	oto
FOR	IS A	stated	prope	TITON is worse immostant See instanctions on healt of contificate
g	HIS	pe	pe	30
₹\	E-	pIn	lay	100
E S	NK	sho	it n	1
五	GI	GE	hat	0
z	NIC	A	so t	otio.
£	FAI	lied.	ms,	Con ton
IAF	ND	ddn	ter	in
3	LH	y s	lain	U
	WI	lula	in p	- tu
	X,	car	LH	opto
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and the same	PLA	plnc	F D	73.00
	19	sho	0 3	10 41
	RIT	tion	USI	NO
	M	ına	CA	TT

TION is very important. See instructions on back of certificate.

N. B.—WRITE PLAMLY,

V. S. No. 1

			OF MARY	YLAND-	CERTIFICATE OF DEATH
3	I. PLACE OF				52
	County	MontgC	0		Registration Dist. No. 21
	Village or Cit	tyGorma	ntown 1	Id R F	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of resid	ence in city or town where o	death occurred Glenn		ds. How long In U.S. if of foreign birth?mosds.
	(a) Residence	e: No. Gorm	antown (Usual place	Md R F	☐ St., Ward. If nonresident give city or town and State
	PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
	Male	4. COLOR OR RACE		RIED, WIDOWED, (write the word)	21. DATE OF DEATH 10 6 3,793 (Year)
5a.	. If married, widowe HUSBAND of (or) WIFE of	d, or divorced Edit	h Bola	and	22. I HEREBY CERTIFY, That I ettended deceased from
6.	DATE OF BIRTH (n	month, day, and year)	eb 25th	,1884	Hast saw hors alive on / Der 5 19.7 deeth is said
7.	AGE Years	s Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 3-20n. Am The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
OCCUPATION	SAWYER, I 9. Industry or b work was SAW MILL 10. Date decease this occupi	done, es SILK MILL, II, BANK, etcd last worked et ation (month and	11. Total ti spen occu	me (years) t in this petion	Date of onset Carrieroma of place (at.) 1436 The carrieroma was primary in the en- sective tissue of the necks august Other Contributory Causes of importance:
~	(State or count	lliam Bola	nd		
FATHER	13. NAME	(city or town)	ld		Name of operation Date of
	(State or	(city or town)	- oland htown - M	1	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
10		opper Md	Date(oct 8th 3	Nature of injury
	(Address)	Ernest C Gaither	Gartner	Vd	24. Was disease or injury in any way related to occupation of deceased? Hrv If so, specify Hrv
20.	FILED GO	19.5	Luc	Registrar.	(Address) Jaitherform md

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Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 6 1037	July 5,1927	Peritonitis	3 days ago
BOOKER V. S.	and the second		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The Control of the Co			

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS	\mathbf{BY}	PHYSICIAN
---------------------------------	-----------	---------------	-----------

STATE OF MARTERIA	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93.0
County Montgowery	Registration Dist. No. 213
Village or City Pocksille, Med	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME X LICE DOOK	If U. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	₹ .St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH &
Tende whosed widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of George W. Book Sr.	22. O THEREBY CERTIFY. That I tended deceased from
11-21 1862	I last saw 21 alive on D T (, 1957; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.0. P. m.
7. (- 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
Shind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Diagram Chan To delia 1/2/2
5. Industry or business in which	encouse ings concurs ,
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased tast worked at this occupation (month and spent in this	
year)occupation	Other Contributory Causes of Importance:/
12. BIRTHPLACE (city or town) nouss. Co. M.J.	ganfrene & legs,
(State or country)	1AX
13. NAME (dans Doke) 14. BIRTHPLACE (city or town)	V 0
14. BIRTHPLACE (city or town)	Name of operation
1 (State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Clasfett	23. tf death was due to external causes (VIOLENCE) fill in also the following:
16. BtRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Worse Booke	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Porsvelle, med	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Marke Warder Date all 7, 190	Nature of injury
19. UNDERTAKER Robert & Sugurdee	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Queharlle ned.	If so, specify
20. FILED/0-9 1037 mm. 26 . J. Prese	(Signed) (A.D. M.D.
Registrar.	(Address) 20 Croud had

STATE OF MADVI AND CEPTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	ii	Example II		
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1 / S	19			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	ADDITIONAL	SPACE I	FOR F	URTHER	STATEMENTS	BY	PHYSICIAN
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PERMANENT RECORD. THIS pluods

BINDING

FOR

ARGIN RESERVED

infor-

item of

OCCUPA 1. PLACE OF DEATH plnods County Montgomery Registration Dist. No. nason Sanisavi Village or City_ (If death occurred in a hospital or justitution, give its NAME instead of street and number) How long in U.S. if of foreign birth? ______yrs. ____mos. statement PHYSICIAN If U. S. Veteran, specify WAR (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4 COLOR OR RACE 5. SINGLE MARRIED, WIDOWED. OR DIVORCED (write the word) Marrica (Month) 5a, if merried, widowed, or divorced HUSBAND of CERTIFY. That i ettended deceased from (or) WIFE OF OSCOC certificate. 6. DATE OF BIRTH (month, day, and yeer) properly 7. AGE Yeers Months Davs If LESS then Io heve occurred on the date steted above, el. .. / L. m. I day,hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance or____min. Date of onset 8. Trade, profession, or perticular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...... back 11. Total time (years) 10. Dete deceased last worked et instructions on this occupation (month end spent In this occupation ___ year) - - 11/12-2-4 Other Contributary Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 05000 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diegnosis?_ ----- Wes there en eutopsy?____ MOTHER very important. 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill in elso the following: E. 16, BIRTHPLACE (city or town). (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE plnods OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury FION is CAUSE mation Nature of injury. 24. Was diseese or injury in eny wey releted to occupation of decessed?_ If so, specify Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		3	
Other contributory causes of importance:		Other contributory causes of importance;	
Gallstones	May 1,1923	Gastroenteritis .	1 year
		9	
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Every i	CIANS	tement (
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N. B.—WRITE PL. XLY, WITH UNFADING INK THIS IS A PERMANENT REC. XD. Every item of info	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should star	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP!	TION is very important. See instructions on back of certificate.
NFADIN	plied. A	erms, so	instructio
UE	dns	in te	See
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LE]	sho	EO	is v
WRIT	mation	CAUS	TION
Z. I			

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
Village or City Jakonne Park and	Registration Dist. No. Ward Ward death occurred in a hospitation give its NAME instead of speet and number)
Length ot residence in city or town where death occurredyrs,mos.	ds. How long M U.S. if of foreign birth?yrsmosds.
2. FULL NAME Junamed infant of Ma	Lus at W. 8. Veteran, specify WAR
(a) Residence No. John Burkhardt	St. Ward. Kurdale Md
116 Washingt of aug. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Det) (Yeep)
5e. It merried, widowed, or divorced HUSBAND of (or) WIFE ot	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Out . 17, 1937	I tast saw In the transfer of the tast saw In the transfer of the tast saw In
7. AGE Years Months Days It LESS then 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, protession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	asklyxia Neonatoria
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete degeased lest worked at https://documents.org/doc	
O 10. Dete deceased Test worked at this occupation (month and year)	Other Contribution Contribution of International
12. BIRTHPLACE (city or town Washington San & Hoop (State or country) Takona Wash Md.	Other Contributory Causes of Importance:
I 13. NAME Leage John Burkhardt	Thatlevel plus
14. BIRTHPLACE (cit) or town Dynauth Wisc.	Name of operation
(State of county)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME TRadys metaslin	23. tt deeth wes due to external causes (VIOLENCE) filt in also the tollowing:
16. BIRTHPLACE (city or town) reducely always	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Vackington Santanin Kando (Address) Takiffing Park Mil.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner ot injury
Pietella denovu gnapate / 19/	Nature of injury
19. UNDERTAKER Francis Dasch's Song (Address) Ty attentifie (mg)	24. Was disease or injury In any way releted to occupation of deceased?
20. FILED CT. 17 , 19.3.7 / HAM NEGA	(Signed) Della Galles M.D. (Address) All Della Galles, Dans
If more blanks are needed, address State Registrar.	24XX N. Charles Street. Baltimore. Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I			Example II	
of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		2 1931	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU Y.	July 3,1927	Peritonitis	3 days ago
Other contributory causes of	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	nfor-	state	JPA-	
1	of i	plnc	OCCI	
V	iten	sho	Jo	
1	N. B.—WRITE PLANTY, WITH UNFADING INK—THIS IS A PERMANENT RECARD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	KD.	YSIC	state	
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V	TR	Y.	Œ	
ING	NEN	CTI	ified.	
IND	RMA	XA	class	
B	PE	田田田	rly	cate
MARGIN RESERVED FOR BINDING	IS A	state	prope	TION is very important. See instructions on back of certificate.
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SVE	TI	plu	nay	ack
SEI	NK	sho	it n	on b
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Z	DIO	·	os .	ucti
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MA	UI	dns	in te	See
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V. S. No. 1	B.	H	0	_
. S.	ż			

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(R6-0)
County Mautagnery	Registration Dist. No. 2/3
Village or City Rotkirlle	ND. Norteck Road, St., Ward
5 (II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME ELLS ANTH J.	USC_If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR ON RACE, 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH (0 C)
Temal White OR DWORCED ("white the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of auce N. Clark	Oct 3 (1931, 10 00 3 (1937
6. DATE OF BIRTH (monty, day, and year) M CLAJ. 9 1849	I last saw h alive on ; death Is sale
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 2 2 I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
9 Trade profession or postinutes	Ha Justina Premiorina Date of onest
S. Hada, Brotessing, Or particular Rind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Laktown master today
■ ✓ I Scindustry or business in which	Il him Que to accidental
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and specific properties) this occupation (month and specific properties).	Y V falls cover.
O 10. Data deceased last worked at this occupation (month and year)	V
7/	Other Contributory Causes of importence:
12. BIRTHPLACE (city or them). (State or obuntry)	1612 Set 1
	pour course
E	hum
14. BIRTHPLACE (city or town) Water Races	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
E Triangle	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city of town) (Stata or couplry)	Accident, spicide, or honicidal Date of injury 11 3, 19.3
11. 40011	Where did injury occur? Restrictle monte, monty, met, met, met,
17. INFORMANT (Address)	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CICMATION OF REMOVAL	Manner of Injury Orgidental Fall.
Place Lak From Cley, Date MV. 2, 193	Neture of Injury
8 +- 1	
19. UNDERTAKER Chally Journ	24. Was disease or injury in any way related to occupation of deceased?
(Address) Clearly City	If so, specify
20. FILED //- / - , 193/ mis. M. J. Pract	(Signed) (Address) No World and
Kegistrar.	(Muliess) II- LA - LA III-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	,
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:	TO SECURE	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		entre de la contraction de la	

PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	98:00
County ///Magmily	Registration Dist. No. 2
Village or City Dermestown	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2 . 2 . 600 Pate	
2. FULL NAME Susum Cities Course	If U. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
56. If married, widowad, or divorced	
HUSBAND of floyed Contes	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Afril -13- 1872	I last saw h. A aliva on 10 4 19.3 7 death is said
7. AGE Yaers Months Days If LESS than	to have occurred on the date stated above, et
65 5 2/ 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows:
8 Trada profession or particular	Mureallial marketes & 7.125
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceesed lest worked at this occupation (month end	11/3/
work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Date daceesed lest worked at this occupation (month end 12 1-19) spent in this spent in this year)	
Danginille ind.	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Management	Hate Antisal Jensin 1920
	The provided the second
Ξ //	No. of a continu
4. BIRTH/LACE (city or town) Continued Co. May	Name of operation
E 15. MAIDEN NAME Chasith Brain	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Charity Brain 16. BIRTHPLACE (city or town) montaneous Communication	Accident, suicide, or homicide?
(State or country) montgomery to, and	Whare did injury occur?
17. INFORMANT Mary Jucinda Brawnian (Address) Woolesville and B.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Juy an Land Data Cho 6,123 >	Nature of injury
19. UNDERTAKER (Address)	24. Was diseasa or injury In any way related to occupation of decaasad?
20. FILED Del 6 , 1927 uplo D. Now Helde	(Signed) 1. Miller M. D. (Address) garthersburg M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

OCCUPATION

FATHER

CAUSE

LION

FOR BINDING

ARGIN RESERVED

S. No. 1

M

state

12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (city or town) (Stata or country)

(Address) 18. BURIAL, CREMATION, OR REMOVAL

(Address)

If so, specify Registrar.

Manner of injury ...

Nature of injury____

Other Contributory Causes of importance:

What test confirmed diagnosis?

Accident, suicide, or homicide?___

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 24. Wes disease or injury in any way related to occupetion of deceased?

23. If death was due to external causes (VIOL ENCE) fill in also the following:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related cause of importance were as follows:	
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	10V 5 1007	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	eauses of importance:	À.	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1177

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Moul gomen	Registration Dist. No. 2/2
Village or City Meas Where bulls	NoSt., Wa
	f death occurred in a hospital or institution, give its NAME instead of street and number) S.Z. S.ds. How long In U.S. if of foreign birth?
2. FULL NAME Susan Che alette h	Luly_If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual playe of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 5 , 193 7
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased fr
71121	Plast saw H. en aliva on Oct 1937; death is s
5. DATE OF BIRTH (month, day, and year)	to have occurred on the data stated above, at 11 - Am.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Yeneral arterial Ederous 1920
SAWYER, BOOKKEEPER, etc	Carcinoma Idenceday 12/
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	myocardelis chunic 1900
12. BIRTHPLACE (city or town) Mary land -	Other Contributory Causes of importance:
(State or country)	
13. NAME Saurence a Goody	
(State or country)	Name of operation
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Collie Chiperiol 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
(State or country)	Whare dld injury occur?
17. INFORMANT Edward Mayle Como.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Scallourill, Data 10/7, 193	Nature of Injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED /0/7 ,1937 EW White	(Signed) Uplier & hours
Registrat.	(Address) Carry Market

V. S. No. 1

-WRITE

N. B.

should state

PHYSICIANS

JRD. Every item of infor-

IS A PERMANENT REC stated EXACTLY. Pr properly classified. Exact

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

FOR BINDING

TARGIN RESERVED UNFADING INK—THIS

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis NOV 4 1037	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	,			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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tem of	plnous	DOO S
JORD, Every	HYSICIANS	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	ACTION OF THE PARTY OF THE PART
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WITH.	refully	
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of OCCUPA.

Exact statement

properly classified.

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

B.—WRITE

ż

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11024
1. PLACE OF DEATH	
County Montgomery	Registration Dist. No. 2/3
Village or City Rockville	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital of mandouon, give is IVANVE, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Henry A. Dawson	If U. S. Veteran, specify WAR
(a) Residence: No. Rockville, Md (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White Married	21. DATE OF DEATH O O (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Fannie K. Dawson (or) WIFE of Fannie K.	22. I HEREBY CERTIFY, Thet I ettanded decessed from 9-20,1937, to 10-28,1937.
6. DATE OF BIRTH (month, day, and yeer) Sept. 2nd. 1853 7. AGE Years Months Days If LESS then 1 day,hrs. orhrs. ormin.	I last saw h alive on
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc	Chronic Imporandition 1927 Chronic Imporandition 1932 Chronic Imporandition 1932 Chronic Majorandition 1932 Chronic Conferting Near Jailure 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
12. BIRTHPLACE (city or town) (Steta or country) Maryland	repuils
13. NAME Lawrence A. Dawson 14. BIRTHPLACE (city or town) (State or country) Maryland	Name of operation Dete of
15. MAIDEN NAME Mary Kiger 16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT Walter Dawson (son) (Address) Rockville, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piece Guille Control Date Oct, 30, 1937	Menner of Injury
19. UNDERTAKER Names E. Oumphrey (Address) Konwille My.	24. Wes disease or injury In eny way related to occupation of deceased? If so, specify A A A A A A A A A A A A A A A A A A A
20. FILED 10-30, 1937 Mrs. H. J. Patt. Registrar.	(Signad) M. D. (Address) Pollwille, M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		1

ADDITIONAL CE	ACE BOD BUDDU	TED CON A THE MENTON	DV DHVOICIAN	
ADDITIONAL SP	ACE FOR FURTH	ER STATEMENT	S BY PHYSICIAN	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important. N. B.-WRITE

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(A) 11020
County Montgomery	Registration Dist. No. 223
Village or City Jakoma Parke Md.	No. Washington Sant Nacportal Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Miss Clara 1. Dickerso	
	St. Ward. (Washington O.C.
(a) Residence: No. 1605 Addut J. M. W. (Usuai place of abode)	If nonregident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Seriele	21. DATE OF DEATH October 3 ,193 7 (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attanded decassed from
6. DATE OF BIRTH (month, day, and year) (while 11 1889	i last saw h. ex alive on October 12 1937 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
48 5 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance wera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Crimary coresnama of both breaster.
SAWYER, BOOKKEEPER, etc	Course Course
work was dona, as SILK MILL, SAW MILL, BANK, etc.	& Of the Specific
11. Total tima (yaars) this occupation (month and	Ganal and spine.
year) 1-(1-37 occupation /8 425	Other Cantributary Causea of Importance:
12. BIRTHPLACE (city or town) Granvelle C. M. Carolina	() () () () () () () () () ()
(State or country)	carenoma
13. NAME Mr. Rupheus Dickenson	amarmonto
(State or country)	Nama of operation Both Basester seconded Date of Dec., 1935.
15. MAIDEN NAME (1 mont)	What test confirmed diagnosis? Was there an autopsy? 23. If death was dua to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Manvelle C-n Carolin	Accident, suicide, or homicide?Oate of injury19
(State or country)	Whara did injury occur?
17. INFORMANT Wash. Som. Hoep Keindir (Addrass), Takomy Park Ma	(Specify city or town, county and State) Specify whether injury occurred in iNOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place 4 25h. D.C. Oate Oct 13, 1977-	Nature of injury
19. UNDERTAKER I Devent	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO CCT-12, 1937 HISMADIA Registrar.	(Signed) (Addrass) Taken Tarke D.C.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries: Examples:

e of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	of importance were as follows: Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
ly5,1927	Peritonitis	3 days ago
ıy 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1921 ly5,1927	1921 Run over by street car ly 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND-CERTIFICATE OF DEATH

should state item of infor-Exact statement of OCCUPA-1. P PHYSICIANS CORD, Every 2. F WITH UNFADING INK-THIS IS A PERMANENT REA 3. SEX stated EXACTLY. be properly classified. FOR BINDING 5a. if ma HUS certificate. 6. DATE 7. AGE OCCUPATION 8 MARGIN RESERVED AGE should be See instructions on back of CAUSE OF DEATH in plain terms, so that it may 12. BIRT mation should be carefully supplied. FATHER 13. 14.1 MOTHER TION is very important. 15. 16. 17. INFO -WRITE PLA 18, BUR 19. UND V. S. No. 1 20. FILE If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

LACE OF DEATH	51-0
county Monlgomery	Registration Dist. No. 2/7
Tillage or City Quehy	No. R3 Rockvelle St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth? yrs. mos. ds.
1/- D	
ULL NAME / TENSON LOW	If U. S. Veteran, specify WAR
a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule Col A.A. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH October //, 193 7 (Year)
Irried, widowed, or disporced	22 LUEDERV CERTIEV That I attended described from
MITTON Lucinda Low	22. I HEREBY CERTIFY, That I attended decessed from april 19 1936 to Detaber 11, 1937
OF BIRTH (month, day, and year) Letsuary 12, 1862	i last saw h im alive on October 8 , 1937; daath is said
Years Months Days If LESS than	to hava occurred on the data stated above, at
75 49 429 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
Trede, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEPPER, etc.	Primary corsinomal of paratale glands
Industry or business in which work was done, as SILK MILL, Farm + State Roads SAW MILL, BANK, atc.	Malignancy fost Operating 1936
Date deceased last worked at this occupation (month and 1933 11. Total time (years) spent in this year)	mingry Deadoles
7 C- \ C	Other Contributory Causes of importance:
HPLACE (city or town) / MDW.g. State or country)	Resurrence st site of aperation a oud
NAME Lorenza Low	
BIRTHPLACE (city or town) / Monty, Co. M. J.	Name of operation Prostate long Date of 1930
(State or country)	What test confirmed diagnosis? Chuical Was there an autopsy? 25
MAIDEN NAME Jane Copeland	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
BIRTHPLACE (city of town) Months, Co. M.	Accident, suicida, or homicide?
(State or country)	Whera did Injury occur? (Specify city or town, county and State)
RMANT (Jales) Licks (Mid Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
AL, CREMATION, OR REMOVAL	Manner of injury
Place noveck, mai Date Oct 13 1937	Neture of Injury
ERTAKER Robert D. Suvwden!	24. Was disease or injury In any way related to occupation of deceased?
(Address) (Lockville, n.)	If so, specify
D. J. U. J. S. J. Shiresley Registrar.	(Signed) (Address) A. D. L.
/ Account.	The state of the s

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	Company of the compan	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	NOV 5 1957	July 5,1927	Perilonitis	3 days ago	
		1			
Other contributory	auses of importance:	1	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				1	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY PHYSICIAN

WRITE S. No. 1

CAUSE mation

NOIL

18. BURIAL, CREMATION, OR REMOVAL

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Ragistrar.

Manner of injury

Nature of injury

If so, specify (Signed)

24. Was disease or injury

(Address)

(Day)

Date of Injury.

related to occupation of deceased

(Yéar)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Allack of epilepsy 1921 Run over by street car July5,1927 Perilonitis Other contributory causes of importance:

If more blanks are needed, address State Registrar,

in				
	If U. S. Vetera	n, specify WAR		
St.,	Ward	If nonreside	nt give city or town	and State
	MEDICAL	CERTIFICAT	E OF DEATH	1
1. DAT	E OF DEATH	10-	4 -	, 193 7
		(Month)	(Day)	(Year)
2.	/ HEREB	YCERTII	FY. That attend	ded deceased from
0	7-1-	., 193 7 to 4	700-4	
I last saw	h fin elive on	000	£ - , 193	2; death is said
to have oc	curred on the date st	ated above, at6	/m.	
The PRIN	CIPAL CAUSE OF DE	ATH end related ca	uses of importance	
were as re	erelial b	remon	hage	Date of onset
1			-	4,4.0.1.
63	rature	Porson	nig	78/137
Other Con	atributory Causes of in	nportence:	11 ~	
Ja	nen elegan	atrice /	Christa.	1922
Sh	thinks -	3 like	¥	1920
	76			· · · · · · · · · · · · · · · · · · ·
	operation			
	confirmed diagnosis?			
	was due to external			
Accident,	suicide, or homicide?.		_ Date of injury	, 19
Where did	injury occur?	(S:\forall:\tau\tau\tau\tau\tau		C
Specify w	hether injury occurred	in iNDUSTRY, in	HOME, or in PUBLIC	PLACE.
Manner of	f injury			
Nature of	injury			
	sease or injury in any			,
	cify	0 1	12 /11	
(Sign		(, ///	nen	M. D
(0.81	(Address)	railtie	usburg.	the.
	arles Street, Baltimore,			

MOIL

19. UNDERTAKER (Address)

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Example I			Example II		
The principal cause of death a of importance were as follows: Arteriosclerosis	nd related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	HAY 1 10	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
184	REAU V. S.				
Other contributory causes of i	mportance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				1	

ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Exact statement of OCCUPA.

properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

V. S. No.

1. PLACE OF DEATH	
County Mont onery	Registration Dist. No. 2/6
Village or City Dechesko	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thuring Henry Ets	If U. S. Veteran, specify WAR. None
(a) Residence: No. Doldeborous W. Da Bet	the sile Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Market	21. DATE OF DEATH October 2 Sty, 193 7 (Month) (Day) (Year)
5a. If married, widowed, perdivorced HUSBAND of	
(or) WIFE of Play Voller 1/2	22. OHEREBY CERTIFY, That I ettended deceased from
ah. 0110197.	accesser 277, 1537, to access 37, 197/
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	l last saw harry aliva on All Della 1, 19 2 / ; death is said
1 2 1 dev	to have occurred on the date stated above, at 42.4.1.m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
	were as follows: Date olonset
8. Trada, profession, or particular kind of work done, as SPINNER, Opticiay SAWYER, BOOKKEEPER, etc	Cocoracy Jucustous 10-2/3
9. Industry or business in which which of a company	
SAW MILL, BANK, etc.	-
11. Total time (years) this occupation (month and 6-27-37) year)	
12. BIRTHPLACE (city or town) Mariella, of:	Other Coatributory Causes of importance:
(Stata or country)	
13. NAME Clinton C. Th	
14. BIRTHPLACE (city or town) Anakarown	Name of operation. Date of
(State of Country)	What tast confirmed diagnosis? Clurical Was there an eutopsy?
15. MAIDEN NAME Tuma Phifer	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Ruma Phifer 16. BIRTHPLACE (city or town) 1 supplies of country) (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT May: Plant P. T.B. Charles	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL) Proposed Selong & Lea!	Menner of Injury
Place Lass Millell Bale Oct 30 4, 1957	Nature of Injury
19. UNDERTAKER almus R. Freare,	24. Was disease or injury In any way related to occupation of deceased? 220
(Address) Wet, Vasuer, The	If so, specify D
20 FILED 10-29 1037 B. C. Perry, M. D.	(Signed) D. C. Plyy, A. D. M. D.
Registrar.	(Address) Olthesda, Ma'

STATE OF MADVI AND CEPTIFICATE OF DEATH

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Example I	13	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis NOV 5 4.37	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MADVI AND—CEPTIFICATE OF DEATH

state UPA.	SIAIL (OF MARYLAND—	CERTIFICATE OF DEATH	1030
should f	County Montgone	470	Registration Dist. No. 22	3.
of	Village or City Jalkson Length of residence in city or town where		No. 200 (Plula and St., death occurred in a horpital or institution, give its NAME instead of street and number of the st	
	2. FULL NAME MARGA	RET A EVERHAT	ds. How long in U.S. if of foreign birth?mos	sds
PHYSICIAN ct statemen	- 001	an Johnna PK	Ward.	
Zact :	PERSONAL AND STATIST	(Usual place of abode) ICAL PARTICULARS	If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	Otate
LY.	3. SEX 4. COLOR OR RACE While	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH! 2 9 (Day)	193. 7. (Yar)
X A C T	5a. If married, widowed, or divorced HUGBAND of George &	rebert	22. A HEREBY CERTIFY, that I attended d	eceased from
	6. DATE OF BIRTH (month, day, end year)	er 7-1854	I lest saw h. E.R. alive on Det. 2. 19.3.7.	; death is said
stated E properly certificate	7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	
be st be proof	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	munise	Cardia dilatata	Le 129
should it may n back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	\	00 1 12' 14 10	
s sh t it on	10. Date deceased last worked at this occupation (month and yoar)	11. Total time (years) spent in this occupation	Chrome myocarditis, sasociated with sla	oge.
so	12. BIRTHPLACE (city or town)	al and	Other Contributory Causes of insportance:	24
supplied n terms, ee instru		Illianis	1A	1
sup sin te See i	13. NAME 14. BIRTHPLACE (city or town) (State or country)	reland.	Neme of operation	4
carefully H in pla ortant.	15. MAIDEN NAME	Duckworth	What test confirmed diagnosis: Was there an au 23. if death wes due to external causes (VIOL ENCE) fill in also the following:	
be careful EATH in p important.	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	gland.	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
mation should be carefully supplied. CAUSE OF DEATH in plain terms, TION is very important. See instru	17. INFORMANT Mrs. Florence J. (Address) 200 - Philo	knowlaw dans	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Output Description of the property of the	CE.
SE O	18. BURIAL, CREMATION OR REMOVAL TO Piace Falls Church	Dete From 1937	Manner of injury	
CAUS TION	19. UNDERTAKER W. W. Char (Address) 1460 Char	where of mill	24. Wes disease or injury in any wey related to occupation of deceased?	20
	20. FILED Off 30 , 1922 9	William No III. Registrar.	(Signed) (Address) (3: Carroll) John (M. I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

B

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	Example I	i i	Example II	
The principal cause of importance were as Arteriosclerosis	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cercbral hemorrhage	INDA 9 170'	July 5, 1927	Peritonitis	3 days ago
	RUREAU Y. S.			
Other contributory ca	iuses of importance:		Other contributory causes of importance:	H-LESS
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	THER STATEMENTS BY PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

- 9	10	100	03	
-7	- 7	11	3	
	16	U	U	2

	· DEALII		-	(46-8)		
County	ontgomery			Registratio	n Dist. No. 2	18
	City Washing	ton Grov	re. Md.	Nd Tarrell		
			7 O (H	death occurred in a hospital or institution, give its NA!	ME instead of street and	d mumban)
Length of re	sidence in city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?	yrs	mosds.
2. FULL NA	ME William	G.B. Go	uld			
(a) Reside	nce: No. Watshin	gton Gro	ove	St., Ward.		
		(Usual place	of abode) .		nt give city or town as	nd State
	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICAT	E OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	27	177
male	white	marrie		(Month)	(Day)	, 193 (Year)
5a. If married, wido HUSBAND of	wed, or divorced					
(or) WIFE of	Mary E, Go	uld		1 HEBEBY CERTII		
6 DATE OF BIRTH	(month day and was)	7.0	2000	liest saw h. m. alive on Oct	out 27	, 1932
	(month, day, and year)	Days	If LESS than	to have occurred on the date stated above, at 12		Z_; death is said
			1 day,hrs.	TI TOTAL TOT		
P Trade most	ession, or particular	15	f ormin.	were as follows:		Date of onset
e kind of	work done, as SPINNER, R, BOOKKEEPER, etc			Carcusin	F	
9_Industry or	DUSINESS IN Which	r t i reae r	11 5日平日命会1:	Mountain.	· · · · · · · · · · · · · · · · · · ·	6 mas
	as done, as SILK MILL, LL, BANK, etc		· · · · · · · · · · · · · · · · · · ·			
	sed last worked at upation (month and	11. Total ti	me (years)			
year)			pation			
12. BIRTHPLACE (c	ity or town) Baltin	of a Md		Other Contributory Couses of importance:		
(State or cou	intry)					
13. NAME 101	illiam H. Ce	Sec.				
13. NAME W	E (city or town) Mass	3 •		Name of operation	Date of	
(State o	r country)			What test confirmed diagnosis? By Oris		
15. MAIDEN NA	AME Sarah Sto	ne		23. If death was due to external causes (VIOLENCE)		
16. BIRTHPLACE	E (city or town) Mass	•		Accident, suicide, or homicide?		
∑ (State or	r country)			Where did injury occur?	Date of mjury	, 19
17. INFORMANT	Mrs Henry Wi				or town, county and St	ate)
(Address)	Washington	Grove,	nd .		OME, OF IN PUBLIC P	LAUE.
18. BURIAL, CREMAT				Manner of Injury		
Plece_St.	. Mary's Cen	1 • Date OCT	. 29 , 19 3 7	Nature of injury		
Alexa	ander, Va.	77 072 7707 -2		24. Was disease or injury in any way related to occu		
(vaniess)	ERNEST C. GA	4 4 9		If so, specify	pation of deceased?	
1107	daithers.bur	39 100	0 1	(Signed) UNIX	siber	44.5
20. FILED OCA	9.1. (19.2.1. U.W.)	and J. C	Registrar.	(Address) Last	hersher	W. D.
					- VXX VITI	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 5 1907	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

V. S. No. 1

18 CAUSE LION

OCCUPA-

plnods

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signad)

(Address)

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA:	N
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See instructions on back of certificate.

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
CATH				

4	10	6 0	0	17	
-	1	11	1	3	
-8-	- 25	V	U	U	

1. PLACE OF DEATH	(85)
	Registration Dist. No
	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No.76/ Silver Springs ave (Vaual place of abode)	St., Ward. S. Luey Springs, Mary lend If nonposident sive city or town and blate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH (0 Cto be f 29 , 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer) July 27-1887. 7. AGE Yeers Months Deys If LESS then I day,hrs. ormin. 8. Trade, profession, or perticular kind of work done, as SPINNER, Caypentey. SAWYER, BOOKKEPPER, etc.	i last saw h. 1 20. elive on
kind of work done, as SPINNER, Carpenter. SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased lest workad at this occupation (month and year) 12. BIRTHPLACE (city or town) SILVEY SAVINGS. Mary land (State or country)	An an Rosse sef so after the socident and in the early part of gas someotherials he sied sud- denly a with the general offerwance of cordine failures. Other Courributary Causes of importance: Ollo hollo excess
13. NAME James Montgomery Harvey 14. BIRTHPLACE (city or town) W. Shington DC. (State or country)	Name of operations of the transfer of the tran
15. MAIDEN NAME SporgAnina Shelton Goddard 16. BIRTHPLACE (city or town) Wishington DC (Steta or country)	23. If death wes due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accidenta Date of injury Oct. 29, 1937 Where did injury occur? At home of his brother inslaw.
17. INFORMANT W. U.Shington Stritarium Racolds. (Address) Takoma Perk Maryland. 18. BURIAL EREMATION, OR REMOVAL	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. The reached to grad at stick, cought in the bugg-sour Manner of injury Deep locarations; and bases of two fingers!
19. UNDERTAKER Lascha Sore (Address) Hatterillo male	Neture of injury 24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) M. D.

TION is very important.

B.-WRITE PL

V. S. No. 1

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FO	R FURTHER ST	<i>FATEMENTS BY</i>	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

1. PLACE OF I	STATE (OF MAR	YLAND—	CERTIFICATE OF DEATH	11034
County_2/2	ril goure	24	,	Registration Dist. No. 21	7
Village or City_	1 Vil	y med		NoSt.,_St.,	
Length of residence	e In city or town where	death occurred	yrsmos	ds. How long In U.S. if of foreign birth?yrs	mosds.
2. FULL NAME	Herdy	uand y	Jman	If U. S. Veteran, specify WAR	
(a) Residence:	No. 12 d	(Usual place	ma abada)	St., Ward. If nonresident give city or town as	od State
PERSONAL	AND STATIS	K		MEDICAL CERTIFICATE OF DEATH	
Male	color or race	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193
5a. If married, widowed, HUSBAND of (or) WIFE of	ar divorced armed	2 Sofue	are	22. HEREBY CERTIFY, That I ettende / 0/ 1/ ,19.3.7, to / 0/ 3/	d deceased from
6. DATE OF BIRTH (mor	th, day, end year) 🧥	Ach 4th	1863	I lest saw h- /m alive on	Z.; death is said
7. AGE Years 74	Months	Days - 2-9	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at Casa Cm. The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:	Date of onset
	OKKEEPER, etc	Book Bin	der	acute Carline Hillston	10/2/
9. Industry or busi	ness in which ne, es SILK MILL, ANK, etc	Retired			
		11. Total spe	time (yeers) ent in this cupation		
12. BIRTHPLACE (city or (State or country)	•	My cety	/	Other Contributory Causes of importance:	5/1/3
13. NAME	dollah ,	Malura	u	J. S.	
13. NAME 14. BIRTHPLACE (cit	y or town)	10		Name of operation	7
(State of Cou	ntry)	Jermany	11	What test confirmed diegnosis? Tyana Was there as	autopsy? 1
15. MAIDEN NAME	Susana O	Tiet del	L	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following	
O 16. BIRTHPLACE (cit		Jerruan	7	Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17. INFORMANT	Marfit,	Record	•••••	(Specify city or town, county and S Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC I	tate) PLACE.
(Address) 18. BURIAL, CREMATION Place	OR REMOVAL	nd Date Ol	X3-,1937	Menner of Injury Nature of Injury Nature of Injury	
19. UNDERTAKER	67. 9	asche &	love	24. Was disease or injury in any way related to occupation of deceased?_	2
(Address) 20. FILED O. 4.3.	. 9193) C.S	Bams	ly	If so, specify (Signed)	
			Registrar.	(Address) - Australia	

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Chronic interstitial nephritis	1921	Run over by street car.	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis 493	3 days ago
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PERMANENT RE

	PLACE OF DEATH	<u> </u>
	County Moul gomen	Registration Dist. No. 214.
	Village or City Speed Cerville	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?yrsmosds.
2.	FULL NAME Still how Baly Jo	cks on If U. S. Veteran, specify WAR
	(a) Residence: No. 3 See cerville	St Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
_	on ale Colored OR DIXORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
58. [If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	(or) wire or	set, 21-,1937, to act 21-,1937
6. D	ATE OF BIRTH (month, day, and year)	I last saw h.m. alive on Oct 21 - , 1937; death is said
7. A		to have occurred on the date stated above, at
1	5+111 60 1 16rmin.	were as follows:
S	8. Trade, profession, or particular kInd of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
OCCUPATION	2 Industry or business in which	Tremature 3/2 mp. 10/2/6
3	work was done, as SILK MILL, SAW MILL, BANK, etc	12470
8	10. Oate deceased last worked at this occupation (month and year)	
- 1	year) occupation	Other Contributory Causes of importance;
12.	BIRTHPLACE (city or town) (State or country)	
2	13. NAME Lean Gildensleens	
FATHER	14. BIRTHPLACE (city or town)	Name of operation. Date of
	(State or country) Olahama	What test confirmed diagnosis?
HE LE	15. MAIDEN NAME Hattie & Jackson	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of Injury, 19
Σ	(State or country) many and.	Where did Injury occur? (Specify city or town, county and State)
	INFORMANT Jeonge tackson J. (Address) Seuceulle on J.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place M. Farralacia Oate 177 9 1,19	Nature of injury
19.	INDERTAKER Set D. Jackson form)	24. Was disease or injury in any way related to occupation of deceased?
	(Address) Pauxel R 219	If so, specify has by my blesser
20.	FILED (Jal 21, 1937 T. J. Wudling)	C D C N
20.	Ola FELO OF A	(Signed) Charb Jumbles on N (Address) San Ly Spring Md.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1

	STATE	OF MARYLA	ND-CERTIFICATE O	F DEATH	
	OF DEATH		(108)	(143)	
County	monto	onely		Registration Dist. No.	2

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
county mont gonely	Registration Dist. No. 214
	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
1 14 00 1	
0 0 4 2 5	O If U. S. Veteran, specify WAR
(a) Residence: No. Oliver (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
54/If married, widowed, or divorced HUSSAND of (er) WIFE-of	22. I HEREBY CERTIFY, That I attended deceased from Oct 187, to Oct 2 (1937)
6. DATE OF BIRTH (month, day, and year) Oct 22-1918	last saw h el alive on Oct 21- ,19.37; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 6 - Pm.
18 11 29 1 day,hr	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Laber Termonica 10/15/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
10. Date deceased last worked at this occupation (month and year)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Month Co	Other Coathbatery Cases of Importance.
(State or country) Md -	- Tregrance 4mo
13. NAME Sed J. Jackson	
13. NAME Ged) Jackson 14. BIRTHPLACE (city or town) Manh CO (State or country)	Name of operation Date of What test confirmed diagnosics fautivisation was there an autopsy?
16. BIRTHPLACE (city or town) Mont	23. If death was due to external causes (VIOLENCE) fill In also the following:
6 16. BIRTHPLACE (city or town) Mont Co	Accident, suicide, or homicide? Date of Injury, 19
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sed Tutelcon (Address) France R. R. D.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR RENOVALON	Manner of injury
Place Specicer wille med Date 10-04-, 193	Nature of injury
19. UNDERTAKER W. B. Twhile * Co - (Address) Aurrel and -	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Och 21 , 1937 7. T. Duelly Registrar.	(Signed) Charles Simple 201 M. D. (Address) P. J. J. M. D. J.
The state of the s	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	3	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
	- •				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN						

OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
// NO & Igo,	4.				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF	MARYI	AND-CERT	IFICATE	OF I	DEATH
JINILUI	MAL	TIND CEIVE	II IO/\IL		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11038
1. PLACE OF DEATH	(3)s
County Montagner	Registration Dist. No. 217
Village or City Norbed	NoSt,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?yrsmosds.
1/2 . 0.0	
2. FULL NAME / TENRY JOHNSON	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE A. A. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH October 3, 193 7 (Year)
5a. If marriad, widowad, or divorced HUSBANO of	
(00) Wife of Matter Muser	22. I HEREBY CERTIFY. That I attanded deceased from
Det = 18711	l last saw h. LMA elive on Oct 1 1st 1937; daeth is said
6. DATE OF BIRTH (month, day, and year) Sept. , 9 4 7. AGE Years Months Oevs If LESS than	to have occurred on the data stated above, at 6. P m.
63 / lday,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8. Trade, profession, or particular	wera as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Oata daceasad last worked et 1937 11. Total tima (yaars) this occupation (month and	Coronary / Krombosis 10.3.37
9. Industry or business in which	Hypertension arterioscleroty ?
work was dona, as SILK MILL, SAW MILL, BANK, atc	Interstitual nephritis?
O 1D. Oata daceasad last worked et 1931 11. Total tima (yaars) this occupation (month and warch yaar) occupation	aostie Insufficiency
not 3 in	Other Contributory Causes of Importance:
12, BIRTHPLACE (city or town) (Stata or country) Nowla, Con Made	
13. NAME Heus on Johnson	
E WA to the land and	Name of operation Dete of Dete of
4 14. BIRTHPLACE (city or town) (Stata or country)	What tast confirmed diagnosis? Graneed Was there an autopsy? No
15. MAIOEN NAME Kenrietta Dorsey.	, 23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME Henrietta Dorsey 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Data of Injury, 19
X (Stata or country) Monly Co	Whara dld Injury occur?
17. INFORMANT Mattin B. Johnson	(Specify of town, county and Spate) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place M. Jan. Data J. J. L. 197	Natura of Injury
19. UNDERTAKER Por W Bark	24. Was disaase or injury in any way related to occupation of decaasad?
(Addrass) Janhershurg my	If so, specify
20. FILEO Och F , 1937 Cb. Banely	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	ii ii	Example II			
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis		1915	Attack of epilepsy	1 week ago		
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	NOV 5 1997	July 5,1927	Peritonitis	3 days ago		
	BUREAU V.S.					
Other contributory	causes of importance.		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

	RECURD, Every item of infor- 7. PHYSICIANS should state Exact statement of OCCUPA-
V.S.No.1 AMARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECURD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH					950				
	County Montgomer		~~~	Registration	on Dist. No.	2/3			
	Village or City Halpine	No.			St.,	Ward			
	Length of residence in city or town where	d		death occurred in	a hospital or institu		ME instead of street		
2	P. FULL NAME Thom.	as Jones				specify WAR_			
	(a) Residence: No.	(Usual place		St.,	Ward.	If nonresid	ent give city or town	and State	
	PERSONAL AND STATIST				MEDICAL C		TE OF DEAT		
3. 3	SEX 4. COLOR OR RACE Colored	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE	OF DEATH Octob	er (Month)	12 (Day)	, 193(Year)	
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lew	is Jone	S				FY, That I atter		
6.	DATE OF BIRTH (month, day, and year)	881	2 .	I last saw h1	_m alive on	10/11	10/12	1	
7.	AGE Years Months	Days	If LESS than I day,hrs.	H	ed on the date state				
	56		ormin.	The PRINCIPA were es follow		TH end related c	auses of importance	Date of onset	
OCCUPATION	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	8. Trade, profession, or particular kind of work done, es SPINNER, Laborer SAWYER BOOKKEFPER, etc.				Hypert	ension		
PAT	9. Industry or business in which work was done, as SILK MILL,					-	heart di		
CO	SAW MILL, BANK, etc	Farm		N.	U 4		failure		
ŏ,	10. Date deceased lest worked at this occupation (month and	spe	ime (yeers) nt in this Life upation Life						
	year)August-19	23-17 000	u parion	- -	itery Couses of imp	ortance:			
_	(State or country) North	Carolin	a						
HER	13. NAME Thomas Jo	nes							
FATHER	14. BIRTHPLACE (city or town)	h Carol	ina ?				Date		
ER	15. MAIDEN NAME Milli	e ?) fili in also the follo		
MOTHER	16. BIRTHPLACE (city or town) (Stete or country) North	h Carol	ine 9	Accident, suicie	de, or homicide?		Date of injury		
-	INFORMANT Mary Jones	Where did injury occur? (Specify city or town, county end State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.				State) C PLACE.			
(Address) Halpine /									
18.	BURIAL, CREMATION, OR REMOVAL Place Little May		ry						
19.	. UNDERTAKER A DOUT OF				cupation of deceased				
20,	FILED 10-15, 1937 mu	. w.J.	Prace Registrar.	(Signed)_	ddress) /	am to	affel .	M. D	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1 #		
		<u> </u>	
Other contributory causes of importance:	E Park	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

V

STATE OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
----------	-------	------	---------	------	----	-------

Village or City of Actions of Carlos and Car	1. PLACE OF DEATH	51-0
Length of residence in city at town where death occurred B yrs. most dis November of Secretary and S	County Monlgonien	Registration Dist. No. 223
Length of residence in city or town where death occurred 8 yrs. mon. ds. Now long in U. S. if of foreign high? yrs. mon. ds. Now long in U. S. if of foreign high? 2. FULL NAME CHALLA ALLA ALLA ALLA ALLA ALLA ALLA AL		
2. FULL NAME CHARLES May 10. S. Veteran, specify WAR Monday Many development of the procession of the procession of particular such as \$2. Indeed, profession of particular such as \$2. Indeed, prof	(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. 70/9 Calling Survey (Charlefue Survey (Constitute Su	Length of residence in city of town where death occurredyrs,mos	ds. now long in U.S. it of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH Months S. SINGLE, MARRIED, WIOWED, (which the world) DE DYFORCED (which the world) To DATE OF DEATH Months S. II married, widowed, or divorced (co-bubble of Many Cling abuil & Builtal Knot) E. DATE OF BIRTH (month, day, and year) Mour S. / 88 S. ADATE OF BIRTH (month, day, and year) Mour S. / 88 S. ADATE OF BIRTH (month, day, and year) Mour S. / 88 S. ADATE OF BIRTH (month, day, and year) Mour S. / 88 S. ADATE OF BIRTH (month, day, and year) Mour S. / 88 S. I last saw before a silve on. C7 2 J. 193 7. (easth is said to have occurred on the date stated above, at. S. / m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Carcumous S. I sale of country of the same of the same of the date stated above, at. S. / m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Carcumous S. I sale of country of the same of the same of the date stated above, at. S. / m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Carcumous S. I sale of country of the same of the same of the date stated above, at. S. / m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Carcumous S. I sale of country of the same of the same of the date stated above, at. S. / m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Carcumous S. I sale of country of the same of t	2. FULL NAME Maries Morrow 1 -cc	of U. S. Veteran, specify WAR Word & Many Attelligence
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8. Trede, profession, or particular kind of wark done, as SPINNER, John Sawren, Sont of the state of the stat	6. DATE OF BIRTH (month, day, and year) Nov. 5, 1885.	I last saw him alive on OCT. 23 , 1937; death is said
Other Cestribetery Causes of importance: Service, Bookkepper, etc. Servic		
S. Frede, profession, or particular to the control of the control		ware as follows: Or DEATH and related causes of importance
SAWYER, BOOKKEPPER, etc. 9. Interpretable of the control of the c		Carcinoma o Siostate
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17. INFORMANT Charles (2007) (Langue) (Address) 70/9 Contenu Rue Soloma Park 18. BURIAL, CREMATION, OR REMOVAL Place Legislation W. Va Oate Oct. 27, 1937 19. UNOERTAKER Francis Poellins (Address) 3619-1446 Strugg Woods, Alar (Address) 3619-1446 Strugg Woods, Alar (Signed) (Signed) M. D.	State or country)	
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Place Reflections 0. a Oate CC. 27, 193/ Nature of injury 19. UNOERTAKER Francis Goodless (Address) 3619-1446 occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 25 (Address) 3619-1446 occupation of deceased? 25 (Signed) 332 class of M. D.		Manner of injury
19. UNDERTAKER Francis Holling Wook. He It so, specify If so, specify (Signed) When the specify (Signed) (Signed) M. D.	Place Les Les Slaves W. Va Oate (JC). 257 ,1937	
(Address) 3619-144 of my wook. Alex If so, specify 20. FILED CVI 23 1937 Hollm Add (Signed) 3132 clean M. D.	10 HADERTANES Francis Hollers	
20 FILED 60 P3 192 / TTT WITH MOUNT		-
Registrar. (Address) 33 Carroll Mr. La Coma Vivile	20 EUEO QUI 23 1937 HAVIM ASALL	(Signed) How will M. D.
		(Address) 33 Carroll Hu. Lakous Verk

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: V E D	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis (NY 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	i		100 mg 11 mg 12 mg

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

His health began & for oursel of Justone, are not known was not wall with language 1837 but Decy norse

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BINDING

FOR

MARGIN RESERVED

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Example I	1	Example II	Zampies.
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NO 5	July 5,1927	Peritonitis	3 days ago
SURVEY V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA

	MARGIN RESERVED FOR	RESER	VED	5	24	BINDING	•
HI	UNFADI	AG INK-	THIS.	S	V	TH UNFADING INK—THIS IS A PERMANENT REC	<u></u>

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

PHYSICIANS should state

Exact statement of OCCUPA-

	STAT	E OF	MARYLAND—CERTIFICATE	OF I	DEATH
PLACE OF DE	ATH	0 -			

1	-1	6.2	11	1)	
1	I	U	4	10	

1. PLACE OF DEATH	93-0
County Moulgoniery	Registration Dist. No. 2/3
Village or City near Mordinge	NoSt.,Wa
Length of residence in city or town where death occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds How long in U.S. if of foreign birth?mos
2. FULL NAME Carries Una Da	Pro.
(a) Residence: No. No. Mouliver - P.O. K	2 x) Rochwell
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Shele OR DIVORCED (write the wort Wichwich	
B. If married, widowed, or divorced HUSBAND of (or) WIFE of Clourt Lake	22. I HEREBY CERTIFY. That I attended deceased fr
6. DATE OF BIRTH (month, day, and year) 7 00 1 - 187	I last saw has alive on a t 12 , 1937; death is si
7. AGE Years Months Days If LESS the	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Detections
kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this precupation (month and	Chrone Mycardilis of !?
work was done, as SILK MILL, Own home	
10. Date deceased last worked at this occupation (month and year) 11. Total tima (years) spant in this occupation	
12. BIRTHPLACE (city or town) Surguisa	Other Contributory Causes of importance:
(State or country)	_ Hor herlysin
13. NAME Clerander Pose, berry	
14. BIRTHPLACE (city or town). Uirginia (State or country)	Name of operation Date of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
E CONTRACTOR	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) Unguina (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mr. J. W. Wisner Ja (Address) RIF WIRO Spriller Mariela	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURNAL, CREMATION, OR AGMOVAL	Manner of injury
Place colou Hell Date Ver 14, 19	
19. UNDERTAKER WM. Bruter Tumpling	24. Was disease or injury In any way related to occupation of deceased?
20 FILED 10 - 14 1937 Mrs. W.J. Pratt	(Signed) (Signed) M
Registra	(Address) To the oul and

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11043
1. PLACE OF DEATH	
County Montgomery	Registration Dist. No. 211
Village or City Damaseus	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME fromas Cochell faveon	If U. S. Veteran, specify WAR
(a) Residence: No. Danuseus, Md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH October 25 ,193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of Car WIFE of Car WIFE of	22. I HEREBY CERTIFY. That I attended decaased from
6. DATE OF BIRTH (month, day, and year) / 865 Law 20.	Hast saw herm alive on October 25 ,1937; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 10.3m.
62 8 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Other Cantylutary Causes of importances
12. BIRTHPLACE (city of town) Mental Company (State or country)	Infected teeth zanage
13. NAME Eli rephort of answ	
13. NAME the short of answer 14. BIRTHPLACE (city or town) Montgory & constraints (State or country)	Nama of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME May W Baker 16. BIRTHPLACE (city or town) Worth of Co (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANTAL Ship of the Rambe	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plant on Joy hofe of Date Oct 25 , 19 1	Manner of injury
19. UNDERTAKER RATE Mark (Addrass) Anthur Company	24. Was disease or injury in any way related to occupation of deceased? Re
20. FILED Oct. 28, 1937 Della Of Burdell	(Signed) Leage M. B. M. D. M. D. (Addrass) Damasu

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
95 EMIV. 8.) (
Other contributory causes of importance:	Section 2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH plnods item of County Montgomers Registration Dist. No No. Washington Scriterion & Hosa. St.,
(If death occurred in a horpital or institution, give its NAME instead of street and number) Village or City Jo PHYSICIANS How long In U.S. if of foreign birth?_____yrs.____mos.____ds. Length of residence in city or town where death occurred. statement If U. S. Veteran, specify WAR DWAN (a) Residence: Np. \ (Usual place of abode) If nonreddent give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write tha word) Oct. (Month) (Day) classified. CT 5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of CERTIFY, That I attanded deceased from March E 6. DATE OF BIRTH (month, day, and year) certificate properly stated 7. AGE Months Days If LESS than 1 day .. 1 .. hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc..... 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.... may plnods 10. Date deceased last worked et 11. Total tima (yaars) this occupetion (month and spant in this that AGE 304K can, 193 occupation ... instructions SO 12. BIRTHPLACE (city or town) Judian (State or country) terms, FATHER 13. NAME See Name of operation 14. BIRTHPLACE (city or town) in plain (State or country) carefully What test confirmed diagnosis? Was thera an autopsy? ___. MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIDLENCE) fill In elso the foilowing: Accidant, suicida, or homicide? Oata of Injury 16. BIRTHPLACE (city or town) CAUSE OF DEATH (State or country) hi o Whara did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE plnoys 17. INFORMANT Danitarium very (Address) 18. BURIAL Manner of injury -WRITE TION is mation Nature of injury. 24. Was disease or injury in any way related to occupation of daceased If so, specify 2 Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of coset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

m

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FATHER

MOTHER

17. INFORMANT (Address)

19. UNDERTAKER

(Address)

(State or country)

16. BIRTHPLACE (city or town (State or country)

STATE (OF MARY	YLAND-	CERTIFICATE OF DEATH	1045
1. PLACE OF DEATH	^		(985c)	
County Mant gam	ery Co	unty	Registration Dist. No. 2	_17
Village or City Close	y of ma	usldud	No. Moutgomery County Luster of death occurred in a hopoital or institution, give its NAME instead of street and	Hospital
Length of residence in city or town where	4.0	(If mos	f death occurred in a horostal or institution, give its NAME instead of street and	number) /
2. FULL NAME Games	0 6	macrude		
// 0:	86.		If U. S. Veteran, specify WAR	
(a) Residence: No. Selves	Wsual place	abode)	Uf Site / Wald. If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
8. SEX 4. COLOR OR RACE Male White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Pelosher 28 (Month) (Dey)	_, 193 (Yeer)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. Och. 1 HEREBY CERTIFY, Thet lattended	
5. DATE OF BIRTH (month, day, end yeer) Se	pt. 20,	1876	I lest sew h. Lim elive on QCL 28 30 ,1937	
AGE Years Months	Deys	If LESS then 1 day,hrs.	to have occurred on the date stated above, at	
6/ /	8	ormin.	were as follows:	Date of onset
Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Far	mes	acute Cardiae Dilatation	10/28/37
9: Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.		- Lance	Vicinia decassions	- 1.012.0107
10. Dete deceesed last worked et this occupetion (month end yeer)	11. Totel ti	ime (years) nt in this upetion		
12. BIRTHPLACE (city or town) Ce day	Gron	la p	Other Contributory Causes of Importance: Chrome onyocarditis	18 mortes
(State or country)	marela	und		Can

(Specify city or town, county and State)
injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injur

If so, specify

(Address)

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Nature of injury

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 4 1937	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS BY PHYS	ICIAN
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Example 1	il	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy 0 10N	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1030	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

ADDITIONAL SPACE FOR	FURTHER STATEMEN	TS BY	PHYSICIAN
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N. B.-WRITE PL

1. PLACE OF DEATH	- F2-0)
County Manlgomery	Registration Dist. No. 2/3
Village or City Rockwill (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Hallace mas	If U. S. Veteran, specify WAR
(a) Residence: No. Trefleville (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Pay) (Year)
HUSBAND of Cadeloide Marting.	22. I HEREBY CERTIFY. That lattended deceased from
6. DATE OF BIRTH (month, day, and year) Mary 12, 1863	I last saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 730 Pm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	f company of
SAWYER, BOOKKEEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. J. Oate deceased last worked at	sent alludellion 1730
work was done, as SILK MILL, SAW MILL, BANK, etc.	Hemiflegia 1756.
11. Total time (years) spent in this occupation (month and 93.5 spent in this occupation.	my carpent factory 175%.
12. BIRTHPLACE (city or town)	Other Contributary Causes of Importance:
(State or country)	none
13. NAME Almson Marlan	
13. NAME 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis Was there an autopsy
Ξ	23. If death was due to external causes (VIQLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, sulcide, or homloide?, 19, Date of Injury, 19
17. INFORMANT Lossist mc greater	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL TILL	Manner of injury
Place himsen of ark Date pel 1, 1937	Nature of Injury
19. UNOERTAKER Related to Survivaler (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 10-21, 1937 ms. W.J. Pare	(Signed) Halle deallery M. D.
Registrar.	(Address) Kochwella Mil.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 5 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

Length of residence in city or town where death occurredyrsmosds. How long in U.S. if of foreign birth?yrs	1. PLACE OF DEATH		82.00	4 1 1
Langth of residence in city or Jown where death occurred. Langth of residence in city or Jown where death occurred. 4. How long in U. 3. If of foreign birth? Ward. Ward. Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SHEEP, MARRIED, WHOPPED, On BUNDAGEBY (WITTER by yord) A. H. Harried, widowed, or divorced with title of the color of the city of the city of the color of the city of the city of the city of the color of the city of	County Moule	rouley	Registration Dist. No.	216
Length of residence in city or Jown where death occurred	Village or City Deth	esdal	NoSt.,	Ward
2. FULL NAME (a) Residence: No. Const. Holder Const. Holder (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SHORE, MARRIED, THEORY D. (Data Data Const. Holder) 5. DATE OF DEATH 21. DATE OF DEATH 22. I HER EBY CERT I FY. That I attended deceased from the variety of the portal of the variety of the portal of the variety of the variet				
(a) Residence: No. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR ADDITIONAL PARTICULARS 3. SEX 4. COLOR OR RACE OR ADDITIONAL PARTICULARS 3. SEX 4. COLOR OR RACE OR ADDITIONAL PARTICULARS 3. SEX 4. COLOR OR RACE OR ADDITIONAL PARTICULARS 3. If matried, widowed, or divorced (Month) OR ADDITIONAL PARTICULARS 5. If matried, widowed, or divorced (Month) OR ADDITIONAL PARTICULARS 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular particul	Length of residence in city or fown	where death occurredyrsm	syrsyrs	mosas
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DANAGED (Carriet the yord) 5. If married, widowed, or divorced (Month) WHE of 5. DATE OF BIRTH (month, day, and year) Months Days I LESS than 1 day	2. FULL NAME 2010	igia Massi	e	
3. SEX 4. COLOR OR RACE OR DISCHARGE (Service the yord) 5. If married, widowed, or divorced impossible (Month) (Day) 5. If married, widowed, or divorced impossible (Month) (Day) 5. If married, widowed, or divorced impossible (Month) (Day) 5. If married, widowed, or divorced impossible (Month) (Day) 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 8. Trace, profession, or particular with the profession of work done as STINNER, SAWYER, BOOKKEPFER, etc. 9. Industry or business in which work was done as STINNER, SAWYER, BOOKKEPFER, etc. 9. Industry or business in which work was done as STIN MILL, SAW MILL,	(a) Residence: No.	(Usual place of abode)		and State
OBLIVIORED Covince the world Name of operation. OBLIVIORED Covince the world Name of operation. Date Of BIRTH (anoth, day, and year) Note of Wars Months Say If LESS than 1 day. Note of Wars Months 10 years Note of Wars Months 11 day. Note of Wars Months 12 lest saw h. 13 elive on. 14 p. 15 to have occurred on the date stated above, at. 15 the principal Cause of importance were as follows: Say Wars BookketPer, etc. 10 Date of BERTH and related causes of importance were as follows: Say Wars BookketPer, etc. 10 Date deceased last worked at this sociopation month and sociopation work was done, as SH MILL, SAW MILL, BANK, etc. 10 Date deceased last worked at this sociopation month and sociopation work was done, as SH MILL, SAW MILL, BANK, etc. 11 Date deceased last worked at this sociopation month and sociopation work was done, as SH MILL, SAW MILL, BANK, etc. 12 BIRTHPLACE (city or town) (State or country) 13 BIRTHPLACE (city or town) (State or country) 14 BIRTHPLACE (city or town) (State or country) 15 MAIOEN NAME 16 MAIOEN NAME 16 MAIOEN NAME 17 INFORMANT Assess of importance was descripted in in sice the following: 18 BURIAL (REMATITING OR REMOYAL Country Date Country) 19 UNDERTAKER (Address) 19 ON OR TAKER 19 J BOOK OR THE MAIN COUNTRY Name of injury	PERSONAL AND STA	TISTICAL PARTICULARS		-1
Sa. If married, widowed, or divorced (ce) Wife of (ce) Wi	3. SEX 4. COLOR OR RAC		21. DATE OF DEATH	7
HEREBY CERTIFY. That I attended deceased from (eq) WIFE of (eq) WIFE o	Canale Colore	d Married	(Month) (Dey)	193 (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or. min. 8. Trade, profession, or particular SAVYER BOOKKEPFE, etc. 9. Industry or business in which SAW MILL, BANK, etc. 9. Industry or business in which SAW MILL, BANK, etc. 10. Date doceased last worked at this occupation (month and year) (Slate or country) 13. NAME Maccased last worked at this occupation (Slate or country) Mark of operation. Name of operation. Name of operation. Name of operation. Date of operation. What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? What test c	5a. If married, widowed, or divorced	7.	20 LIEDEDY CEDILEY THE	4.4.4
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. of min. 1 lest saw h elive on 19 death is sain to have occurred on the date stated above, at Affin. The PRINCIPLA CAUSE OF DEATH end related causes of importance were as follows: Saw Mill. Bahk, etc. 10. Date deexeed last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) Was there an autopsy? 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL (SEMATISH) OR REMOVAL Place Of Party M. Date 19. Was there in no protection of the date stated above, at Affin. The PRINCIPLAL CAUSE OF DEATH end related causes of importance 19. Industry or business in which	(er) WIFE of	Massie		
7. AGE Years Months Days IT LESS than 1 day		1. /21. 21.00		
8. Trade, profession, or particular kind of work done, as SpriNRR, SAWYER, BONKEPER, etc. 9. Industry or business in which was done as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL REMATION OR REMBUAL 18. BURIAL REMATION OR REMBUAL 19. Date of Manner of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. Signed) 22. Was disease or injury in any way related to occupation of deceased? 18. Specily 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? 15. Specily 15. Specily 15. Specily 15. Specily 16. Signed) 17. INFORMANT 18. SURIAL REMATION OR REMBUAL 19. UNDERTAKER (Address) 20. FILED 21. Specily 22. Was disease or injury in any way related to occupation of deceased? 16. Signed) 22. Was disease or injury in any way related to occupation of deceased? 16. Specily 17. Specily 18. Surial 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. Specily 22. Was disease or injury in any way related to occupation of deceased? 18. Specily 19. S			~ 411	, death is said
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Place Problem Curry Date CG, 27, 1937 Nature of injury 19. UNOERTAKER Cityly Hills Sold DE (Address) 2930 MH MM. Sold DE (Signed) 20. FILEO 10-24, 1937 B.C. Garry M.D. (Signed) M.L. Comparison of deceased? M.		mask D.C. of to	Manner of injury	
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(Address) 2930 194 13. 1656 D. 6 If so, specily 20, FILEO 10-24, 1937 B.C. Perry M.D. (Signed) S.A. A. Delley M.D.	P.1.0.	x Iliak		to
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PHYSICIANS should state RD. Every item of infor-

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mation should be carefully supplied. CAUSE OF DEATH in plain terms,

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Exact statement

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal of important	Date of onset	
Arteriosclerosis	1915	Attack of epil	epsy	1 week ago
Chronic interstitial nephritis	1921	Run over by s	treet ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis \	for the state of t	3 days ago
			LOSE C AGN	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteriti	8	1 year

ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	47/8
County Monegomery	Registration Dist. No. 216
Village or City Chare Chare	No. 16 asken St. Ward
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Gronge. M. Cann	If U. S. Veteran, specify WAR NON L.
(a) Residence: No. 16 H. Cushtus (Usual place of abode)	St., Ward. George Chase If nonrelident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBANO of (or) WIFE of Lydia a. M. Cann	1 HEREBY CERTIFY, That I attended deceased from 1957 to Betaker 7 1987
6. DATE OF BIRTH (month, day, and year) nov: 14. 1883	I lest saw h dimalive on O. f. 7 19.87; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5.322 m.
53. 19 23 1 dey,hrs.	The Particular CAOSE OF DEATH and feletad censes of importance
8 Trade profession or particular	Date of one et
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc Ingmeet	Caromoma of
kind of work done, es SPINNER, Ingmeet SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, Cannon Scaling SAW MILL, BANK, etc.	· leave 5/6/3.
10. Date deceased lest worked et 11. Total time (yeers)	
year) Many 1937 spentin this 20 +	
12. BIRTHPLACE (city or town) - Mers Costle	Other Coutributory Causes of Importance:
(State or country) Delanare	10/1/3
II 13. NAME John Mc Cann	
14. BIRTHPLACE (city or town).	Name of operation Date of
(State of Country)	Whet test confirmed diegnosis?
15. MAIDEN NAME Mary. Etchells	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oete of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Zydia a Mc Cann (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Chester. Pa, Date Ul 10, 1937	Nature of Injury
19. UNDERTAKER Wim Reuben Pumphreny.	24. Was disease or injury In eny way related to occupation of deceased?
(Address) 7005 win and Bethinds and	if so, specify
20. FILEO Oct 9 - 1937 mas (omad	(Signed) Reduced To the Description of

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
		689		
Other contributory causes of importance:		Other contributory causes importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		20	1	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 11050
	1. PLACE OF DEATH	
	County Montgomery	Registration Dist. No. 2/3
-	Village or City hear guante Duck	No. St., Ward
1	Length of residence In city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
	2. FULL NAME Harrit and Mo	Ofey If U. S. Veteran, specify WAR
	(a) Residence: No. Man June Orchan	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	bruse of a OR DIVORCED (write the word)	Welvoted 20 193 7
	Te. If married, widowed, or divorced	(Month) (Dey) (Year)
	HUSBAND of Cindrew Jackson Mobby	22. I HEREBY CERTIFY, That I attended deceased from
	/n - i no et	1920 to let 20 ,1937
	6. DATE OF BIRTH (month, dey, and year) 1 UVIII 2 4 - 786. 7. AGE Years Months Deys If LESS then	I tast saw h.a. alive on
	73 Un 55 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance
	9 Trade profession or particular	were es follows:
	SAWYER, BOOKREEPER, etc	acute endeardities 10-20-
V	9. Industry or business in which work was done as SILK Mills	
+	SAW MILL, BANK, etc	
	this occupation (month and spent in this occupation coupation coup	
	12. BIRTHPLACE (city or town) any Pancel	Other Contributory Causes of Importance:
_	(Stete or country)	
L	13. NAME and Mobiley 14. BIRTHPLACE (city of Lown) Many Paris	
	4 14. BIRTHPLACE (city or town) Many Laury (Stete or country)	Name of operation Dete of
	x	What test confirmed diagnosis? Was there en autopsy?
	E Variable of the	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
	O I 6. BIRTHPLACE (city or town)	Where did injury occur?
	17. INFORMANT CINGLES & Mobbley	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
	(Address)	
	18. BURIAL, CREMATION, OR REMOVAL Saubastruy Oer 22 19 37	Menner of Injury
	little P. D. D.	Nature of Injury
	19. UNDERTAKER LOM, Scult Vimpully	24. Wes disease or injury in any way related to occupation of deceased?

20. FILED 10-21 , 1937 Mus. W. J.

(Address) A Vaithershing md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Signed).

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Arteriosclerosis Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

(Addrass)

CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1

N. B.-WRITE PD

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11051
1. PLACE OF DEATH	
County Montgomery	Registration Dist. No. 223
WITHIN CONFORATE TATE OF	No. Washington Sanitarium 9 Hordsto / Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredLyrsLmos.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Unamed Infant (e	Tevs If U. S. Veteran, specify WAR
(a) Residence: No. 20 Maple are (Usual place of abode)	St., Ward Koma Vack, Md- If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale 1. Single, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oclober 12 ,193 ? (Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
(A 4-1	Oct. 10 / 10 V Claur 2 , 193 /
6. DATE OF BIRTH (month, day, end yeer) October 12-1937 7. AGE Years Months Days If LESS then	I last saw ham elive on Wellalle 1957; death is said
1 day,hrs.	to have occurred on the date stated above, et. L.S.A.A.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profassion, or particular	wara es follows:
Name of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Charles a hallida
S. Irade, professing, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	and the factories
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) 11. Total time (years) 11. Total time (years) 12. Total time (years) 13. Total time (years) 13. Total time (years) 14. Total time (years) 15. Total time (years) 1	
12, BIRTHPLACE (city or town) Jakoma Parl	Other Contributory Causes of Importance:
(State or country) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	separation of blace to
	with severe bemorrhage his
13. NAME Edward Peters 14. BIRTHPLACE (city or town) - Lenox.	Name of operation Date of
(State of country) YYCass	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sousie Sounders. 16. BIRTHPLACE (city or town) Couling ton	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Cournation	Accidant, suicida, or homicida? Date of injury, 19
State or country) Virginia	Where did injury occur?
17. INFORMANT Washington Sanitarium Records	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Delglow 10. Date 6, 13, 183/	Nature of Injury
19 UNDERTAKER Harney Commander	24. Was disaese or injury in any way related to occupation of deceased?

If so spacify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
41.01.41.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	4		

	•	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-V. S. No. 1

1. PLACE OF DEATH	1	(127)
County Africa	90	Registration Dist. No. 211
Village or City Clene		NoSt.,
Length of residence in city or town where d	1 1 1 1 1	death occurred in a hospital or institution, give its NAME instead of street and number
722	(D) -00	
2. FULL NAME PROCE	Jo ouries	If U. S. Veteran, specify WAR.
(a) Residence: No	(Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
deol.	OR DIVORCED (write-the word)	(Month) (Day) (Y
5a. If married, widowed, or diversed		
HUSBARD of WIFE of	morrell.	22. I HEREBY CERTIFY, That I attended decess
W. Carlotte	10000	I last saw h
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at
65- 7.	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	2011.	- 3-2- DBg. low 1
Industry or business In which work was done, as SILK MILL,		The state of the s
SAW MILL, BANK, etc	ppilal	-
O this occupation (month and	11. Total time (years) spent in this	
year) 1.07.14	5-/ occupation - C	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	- 	
(State or country)	To A	all phologopher 19
13. NAME Cab Cohara	id anevaler	Kuffer & Free Florader
4 14. BIRTHPLACE (city or town)	n-1	Name of operation Data of
(State of Country)	0 000	What test confirmed diagnosis? Was there an autopsy
15. MAIOEN NAME CLEU 16. BIRTHPLACE (city or town) (State or country)	rau proble	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	22	Accident, suicide, or homicide?
The nn -	1	Where did Injury occur? (Specify city nr town, county and State)
17. INFORMANT (Address)	melel	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place Torbeck, md	Oate Oct 20, 193	Nature of injury
Oak. + W		24. Was disease or Injury in any way related to occupation of deceased?
19. UNOERTAKER COURT (Address)	ville, m	If so, specify
1110 270	en al	(Signed)
20. FILEO 1941 (19. 19. 19. 3 / 4. 5 /	1 1 1 assects	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	11	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	EUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
1	And the second s			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 yeor

ADDITIONAL S.	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

ż

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(P)
County Montgomery Gaithersburg	Registration Dist. No. 218
village of City	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clara A. Rice	
(a) Residence: No. Gaithersburg (City)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX /female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purise the word)	21. DATE OF DEATH 26 , 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of James M. Rice (or) WIFE of James M.	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nay 15, 1855	I last saw her alive on Coch 26, 19.52; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11.30 Am.
82 5 11 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	Arterios de rosso Arreira my orardi des Arraira na plus des
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Coutributary Causes of importance:
13. NAME Joshua Wood	
14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Date of
15. MAIDEN NAME Bliza Talbott	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Maryland (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Methodist Home (H.M. Wilson) (Address) Gaithers burg Ad.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place New Market, Md. Date Oct. 28 , 1937	Nature of injury
19. UNDERTAKER Ernest C. Gartner (Address) Gaithersburg Md.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED OCL. a. le., 1937 Comments & Conference Registrar.	(Signed) Steller M.D. (Address) Roslandle Uld:

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy 2861 C AON	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis G 3 A 1 3 2 2	3 days ago
		The state of the s	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state JRD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH	
County Moul games Registration Dis	st. No. 2/3
Village or City Dayses Town 19 Not 2 - Towns Willow (If death occurred in a horpital or institution, give its NAME in	St., Ward
Length of residence in city or town where death occurred 80 yrs, 2 mos. 20 ds. How long in U.S. if of foreign birth?	
2. FULL NAME Milliard Lee Rice. If U. S. Veteran, specify WAR	
(a) Residence: No. Daruslowy Med . St., Ward.	
	ve city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF	OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	20 , 193 >
5e. If married, widowed, or divorced (Month)	(Day) (Year)
(or) WIFE of Mrs Hollie N. Reco 22. I HEREBY CERTIFY.	That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 30- 1857 last saw have elive on Oct 15	, 1937; death is sald
3.40	4m. ,
The PRINCIPAL CAUSE OF DEATH and related causes were as follows:	
8 Trade profession or particular	hores Date of onset
o kind of work done, as SPINNER, Flanmer - Chronial Myoraid	letis 1925
9. Industry or business in which work was done, as SILK MILL, Francisco File Commence	endit 1910.
10. Date deceased last worked at spent in this spent in this occupation (month and spent in this occupation cocupation spent in this occupation spent in this occupation occupation spent in this occupation occupation spent in this occupation occupation occupation occupation spent in this occupation occupatio	
12. Berthplace (city or town) Mondage Con M d Other Contributory Causes of importance:	
(State or country)	
13. NAME William H Was 14. BIRTHPLACE (city or town) Name of operation Description	
14. BIRTHPLACE (city or town) Name of operation 2	Date of
(State of country) What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME and Pluste 23. If death was due to external causes (VIOL ENCE) fill I	n also the following:
15. MAIDEN NAME 212 Plus de 23. If death was due to external causes (VIOL ENCE) fill I 16. BIRTHPLACE (cky or town) 2 Accident, suicide, or homicide?	ite of Injury, 19
where did injury occurr.	own, county and State)
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOMI	E, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	
Place Tameslown Date 10 - 22, 19.37 Nature of injury	
19. UNDERTAKER Ruben Purplus (Address) Rock all Mid 24. Was disease or injury in any way releted to occupate the second of the	ion of deceased? 200
20. FILED Get 20: , 1987 UN Nocuse M. D (Signed) Control of the Registrar. (Address) Control of the State Politics of the State Poli	Ele Med. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I VED		Example II	4
The principal cause of death and related causes of importance were as follows: Arteriosclerosis 5 1937	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis: QEAU V &	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

	STATE OF WARTLAND	CERTIFICATE OF DEATH
1	1. PLACE OF DEATH	942
	county mont gonery	Registration Dist. No. 2/
	Village or City Waity - P. O. 10	death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME COM B. Righels	If U. S. Veteran, specify WAR
	(a) Residence: No. (Usual place of abode)	St. Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE; MARRIED, WIDOWED, OR DIVORCED (write the word) WAS	21. DATE OF DEATH (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Cefells	1 HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) Sept 30 1859	last saw h / M. alive on OCC / 1 - 103 Y; death is said
200	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 925 a.m.
111111111111111111111111111111111111111	78 0 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
10	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SI IK MILL	Typerleusion Y
DACK	SAW MILL, BANK, etc.	arterioscleroses outros
150 8	11. Total time (years) this occupation (month and / 930) year) 11. Total time (years) spent in this occupation occupation	
10113	12. BIRTHPLACE (city or town) Secufully (State or country) Frederick Co. W.A.	Other Contributory Causes of Importance:
IISIL		Jan o Nary ocellusion 1/3/
naec 1	13. NAME Colors Rickells 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Hassissadio Was there an autopsylved
:	15. MAIDEN NAME Sarah Trout	23. If death was due to external causes (VIOL ENCE) fill in also the following:
rra	16. BIRTHPLACE (city or town) — Sed Congression (State or country)	Accident, suicide, or homicide? Date of Injury, 19
upo	(State or country)	Where did injury occur? (Specify city or town, county and State)
IL A II	17. INFORMANT Susie Mekelly	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
2	18. BURIAL, CREMATION OR REMOVAL mod Ref	Manner of Injury
-	Place PUL Carmel Date OCC 10, 193)	Nature of injury
211	19. UNDERTAKER Roy Burber - (Address) Surber -	24. Was disease or injury In any way related to occupation of deceased?
	20. FILEO Clet 16 , 1937 V Tt Dyeou	(Signed) Chasto Mublison M. I
	. Registrar.	(Address) Tandy Sprilly 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	mple I		Example II		
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	NOV 55 193	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago	
	YEAU Y				
Other contributory causes of	importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

f infor-id state MARGIN RESERVED FOR BINDING V. S. No. 1

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tem	sho) je	
N. BWRITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	
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RIT	tion	USI	NC
*	ma	CA	TION is very important. See instructions on back of certificate.
B.			
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	34 7 1 2
County My Jugo Wery	Registration Dist. No.
Village or City Defrace Africa	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Edua / cussel	If U. S. Veteran, specify WAR
(a) Residence: No. Mear Paoles well	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Feural Negro 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I attended degeased from
6. DATE OF BIRTH (month, day, and yeer) aug. 121 1914	Hast saw h. D. Chiron M. M. Que Rey Sell Hobert & seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
23 8 27 I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as 100 ms:
8. Trade, profession, or perticular kind of work dona, as SPINNER, Othors SAWYER, BOOKKEEPER, etc.	Sugar passulas
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Hrow history and
10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	no physician in ollowoup
12. BIRTHPLACE (city or town) Toolesville Md.	Other Caatributory Cases of importance:
(State or country)	
13. NAME AMES TEMPSET	
14. BIRTHPLACE (city or town) Messagement CO	Neme of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME ROSE NEWSONS	23. If death wes due to external causes (VIOLENCE) fill In also the following:
(State or country)	Accident, suicide, or homlelde?
17. INFORMANT Bernard Beall (Address) 1436 TVa Ass V.W. DC.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Sugar Land Dete 10/22, 193	Neture of injury.
19. UNDERTAKER Roy Baskers (Address) Radioneville Mid	24. Was disease or injury in any wey related to occupetion of deceased?
20. FILEO 10/22 Co 57 cylin D Norme M. Registrar.	(Signed) USIUM D ROSENG M. D.
The state of the Control of the Cont	N. Cl. J. C P. J. P

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RURHAU V. S.	July 5,1927	Peritonitis	3 days ago
	And the state of t			
Other contributory	eauses of importance:		Other contributory causes of importance:	The House
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(e) =
county mortgomeny	Registration Dist. No. 214
Village or City aspin Will	NoSt.,Ward
V	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Joseph Smill	If U. S. Veteran, specify WAR
(a) Residence: No. Goffin Till Mo (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White We also we have a second control of the second control of the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Martha Burnin Smith	22. I HEREBY CERTIFY, That I attended deceased from
1 1 1 1 2 1 3	last saw h 1992 alive on Lether 13 197 death is said
6. DATE OF BIRTH (month, day, and year) Au / 4 / 8 6 5 7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated above, at 1:05 Pm.
7 Pl 4 9 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, profession, or particular	Ruseitensing heart dise as 729
kind of work done, es SPINNER, Cariter	Misocardeal demisersalion 1930
9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc	Dernglating fallers
SAW MILL, BANK, etc	Stumbled and fell, in his own home,
this occupation (month and spent in this year) spent in this occupation #	Grantwing Les nose. Center.
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) Plew 4. A	Jacteural Most; assidental falla 193/
7	Pt' + 100t+1 by t' Con to the
E O	Patient was debytested at the time sondfell frequently a.
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
I I	Accident, suicide, or homicide? Classification. Date of Injury
O 16. BIRTHPLACE (city or town)	Where did Injury occur Lapin Hille Montgowery County o ml . (Specify city or town, county and State)
17. INFORMANT My . Howey Deerer (Address) Repended Ond . Come Street	(Specify city or fown, county and State) Specify whether Injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE. hea home
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury Occidental Falls
Place aghill Md Date C/2 193	Nature of injury
19. UNDERTAKER 1. 11. Exambers Go.	24. Was disease or injury In any wey related to occupation of deceased?
(Address) (1) Cleveland WE, Kirchale, Ma.	If so, specify
20. FILED Och 19, 1937 E. Washing to	(Signed) M. D. M. D. M. D.
Registrar.	(Address)/lucingles //lol

If more blanks are needed, andress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	71111		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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3	PL.	lnor	OF 1	Very
	RITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of info	tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP.	ON is very important. See instructions on back of certificate.
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STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	(13)
County Monteromery.	Registration Dist. No. 2/3
	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME A Dertha Halk le	ellott
(a) Residence: No. Sockerlle (Usual place of abode)	St., Ward. 1f nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (variet the word)	21. DATE OF DEATH (Month) (Day) (193 7) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A Dalbalk	1 HEREBY CERTIFY, That 1 attended deceased from 10, 1932 to 0 17, 1932
6. DATE OF BIRTH (month, day, and year) Sept 30 1964	I last saw has alive on Otto, 19.3.7; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
73 0 /7 l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Asserting SAWYER, BOOKKEEPER, etc.	Mone Myocardilis En 10
kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town)(State or country)	Other Contributory Causes of Importance:
13. NAME Thoo R Itale	V
13. NAME AND TY SALE 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? his
15. MAIDEN NAME Commoder Tellers 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Rangfolph Dalball	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Kock ville, md	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Place Oct 19, 193	Nature of injury
19. UNDERTAKER LOTTING & Turnsphring (Address) Rang ville Tad	24. Was disease or injury In any way related to occupation of deceased?
20 FILED / 0 - 19, 1037 mms. W.J. Prace	(Signed) M. D.
Registrar.	(Address) bowy and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephritis	1915 1921	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car	1 week ago
Cerebral hemorrhage NOV 5 1937	July 5, 1927		1 week ago 3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ITIONAL SPACE	R FURTHER	STATEMENTS	BY	PHYSICIA
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Signed

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Example I	E 3 11 #	Example II		
The principal cause of death and related cau of importance were as follows:	ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis NOV 5 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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ADDITION.	AL SPACE I	OK FURTHER	SIATEMEN	dis bi rhis	BICIAN	
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MARGIN RESERVED FOR BINDING

B.—WRITE PLA

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	1 0		(3)	
County MAN	4-60	, 	Registration Dist. No	211
Village or City 2	ren mo	l	NoSt.,	
	. (death occurred in a hospital or institution, give its NAME instead of street a	
Length of residence in city or tow	n where death occurred	yrs,mos	ds. How long in U.S. If of foraign birth?yrs	mosds.
2. FULL NAME JUL	fl Show	udv	If U. S. Veteran, specify WAR	
(a) Residence: No.	ney me	1	St.,Ward.	
	(Úsual place		If nonresident give city or town	-
PERSONAL AND ST.			MEDICAL CERTIFICATE OF DEATH	1
3. SEX Land 4. COLOR OR R		RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH NOT 22	ad y
The Ear	m	dr -	(Month) (Day)	(Year)
5a. If married, widowed, or divorced	17141		22. I HEREBY CERTIFY. That I attend	ded deceased from
(or) WIFE of	W Mo	nedo	Sept - 19.3 10 to cet 20	274 1935
C DATE OF BIRTH (worth down		100	I last saw H- A alive on O L 2 2 -, 19	3. 7. death is sald
6. DATE OF BIRTH (month, day, and ye 7. AGE Years M	onths Days	If LESS than	to have occurred on the date stated above, at 1 - P -m.	7, 400111 13 3414
6-11	00/0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
0 1		ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPIN	INER, COLLA	1 Washa		
SAWYER, BOOKKEEPER, etc		regien	117/12/1	12/
9. Industry or business in which work was done, as SILK MI SAW MILL, BANK, etc	u, Reter	ed	- VV CONNEC	1-21/3
10. Data deceased last worked at	11. Total ti	ima (years)		
this occupation (month and yaar)	936 sper	nt in this		
	118 - a la		Othar Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	7.8	~ ~	Black De Shear	
E 13. NAME UNIC	10-10-20		- Manche Meganille	0 7
I IS. NAME UNIV	rone !		mò	
14. BIRTHPLACE (city or town)			Name of operation Date of	of
(State of Country)			What test confirmed diagnosis? Syanton Was thera	an autopsy?_//
15. MAIDEN NAME	Genow	~	23. If death was due to external causes (VIOL ENCE) fill in also the follo	wing:
16. BIRTHPLACE (city or town)	<u> </u>		Accidant, suicide, or homicide? Date of Injury	, 19
(State or country)	2 11		Where did Injury occur?	C
17. INFORMANT Sadie	Bell	0	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
(Address)	rey med			
18. BURIAL, CREMATION, OR REMOVAL	-1 m+	7 =	Manner of injury	
Place Janay So	my Date UM	42 ,1937	Natura of injury	
Rall	Suprel.		24. Was disease or injury in any way related to occupation of deceased	no
19. UNDERTAKER (Address)	will be	V.(If so, specify	
11 1 > 12	The state of	14	(Signed) Chase Jumbles	9VI MD
20. FILED 4- 45 , 1934	o annely	Registrar.	(Address) Sandy Char	0.
	If more blanks are needed		255 N. Charles Street Relimore Perusting 71 S. No.	9 MA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A majorial	k		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER S	STATEMENTS	BY	PHYSICIAN
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S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Nd.

Date of onset

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	100
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURFAU	- AND SECOND SE		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitual nephrilis 3 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1101 = 1007	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MIREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			The state of the state of

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIAN

10	N. B.—WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	RECORD. Every	PHYSICIANS	Exact statement	1
MARGIN RESERVED FOR BINDING	PERMANENT I	EXACTLY.	y classified. F	ite.
FOR	SISAF	stated	e properl	certifica
RESERVED	G INK-THI	GE should be	that it may be	TION is very important. See instructions on back of certificate.
MARGIN	H UNFADIN	y supplied. A	ain terms, so	See instruction
	ALY, WIT	d be carefull	DEATH in pl	y important.
V. S. No. 1	-WRITE PL	mation shoul	CAUSE OF	TION is ver
V. S. N	N. B.			

1. PLACE OF DEATH County County Co					ion Dist. No	218	
Village or City			(1)	No.			
	eity or town where gnatius	ALC: 1000	rd	ds. How long in U.S. if of	f foreign birth?	yrs	mos
(a) Residence: No.			urg Md	City Ward.	If nonresion	dent give city or t	town and State
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CI	ERTIFICA	TE OF DE	ATH
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)			21. DATE OF DEATH	10	10	37	
5a. If married, widowed, or div	orced A 3	0.1.2	ried		(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of	Alve	rta D	Ward	22. OI HEREBY	CERT 19 3 7 10	Set 1	attended deceased for
6. DATE OF BIRTH (month, da	ay, and year)	Mar	2nd, 1870	I last saw h_1 alive on	2ch 5	11-30 P	19; death is s
7. AGE Years 1870 67	Months 7	Days 8	If LESS than I day,hrs. ormin,	to have occurred on the date stata The PRINCIPAL CAUSE OF DEAT			nce
8. Trade, profession, or kind of work done SAWYER, BOOKKE	, as SPINNER.	Carper		were as follows:	io d	eleron	Detgofon
kind of work done SAWYER, BOOKKE 9 Industry or business work was done, as SAW MILL, BANK,	n which	11 1t		maln	utri	tion	1740
10. Date dacaased last we this occupation (m	orked at I92	S	I time (yeers) pent in this coupation				
12. BIRTHPLACE (city or town (State or country)	Marz	land		Other Contributory Causes of impo		break.	davi
# 13. NAME	e War	d		Lunali	lu	Lee Het	him.
13. NAME 14. BIRTHPLACE (city or (State or country)	own) Md			Nama of operation			Data of
1	izabeth	M Crov	VII	Whet test confirmed diagnosis?			+10/2-11
15. MAIDEN NAME El	own)	.С.	4	23. If death was due to external cau Accident, suicida, or homicida? Where did injury occur?			
John 17. INFORMANT	ward cithersk	ourg	(Son)	Spacify whethar injury occurred In	(Specify cit INDUSTRY, in	y or town, county n HOME, or in PU	r and State) BLIC PLACE.
18. BURIAL, CREMATION, OR Place Gaithe	REMOVAL Prsburg	Date	Oct 12, 37	Manner of injury			
19. UNDERTAKER	est C Caither	Gartne:	r . -Md	24. Was diseasa or injury in any w	ay ralated to o	ccupation of dece	ased?
20. FILED (15. 11.	19 37 al	reda	G. Sooke Registrar.	(Signed) (Address)	Laist	arhe	my for

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 5 1937	July 5,1927	Peritonitis	3 days ago
	BURGAU V.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

1.	PLACE OF DEATH				(108)	000
10.5	County (on g	omery.	0		Registration Di	st. No.
40.	Village Dr City 198	oma	ark		ND. Washin aten Sanifarium death occurred in a horpital or institution, give its NAME is	9 Hospital W
	Length of residence in city (or town where de	ath occurred 19		death occurred in a hospital brinstitution, give its NAME isds. How long in U.S. If of foreign birth?	
2	0 -	01	14-			J I W
۷.	FULL NAME (Y)	SUMA	riolle.	Dean W	liams If U. S. Veteran, specify WAR	0101
	(a) Residence: Np. 12	- Wesim	Que land (Usual place o	f abode)	St., Ward. AKoma If nonresident give	e city or town and State
	PERSONAL AND	STATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE (OF DEATH
3. SE	x 4. color (OR RACE	44 4	(write the word)	21. DATE OF DEATH	3/ 1937
	1 00 11	4	Mar	ried	(Month)	(Day) (Yaar)
	married, widowed, or divorce HUSBAND of (or) WIFE of Benja	mine	William		22. I HEREBY CERTIFY.	
-	19 ch Ja	mine	/	13.		ctober 31, 193
	TE OF BIRTH (month, day, a		gust 17	- 1918	I last saw h ex alive on October	3/, 19_3.2.; death is
7. AG	E Years	Months	O Days	If LESS than f day,hrs.	to have occurred on the date stated abova, et 115 9	
	17	2	14	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes were as follows:	of Importanca Date of or
N	8. Trade, profession, or partic kind of work done, as SAWYER, BOOKKEEPE	SPINNER,	(0		
TION	SAWYER, BOOKKEEPE 9. Industry or business in w		louse w	Je.	Jalian menn	oma
3	work was dona, as SIL SAW MILL, BANK, etc.	K MILL, /()	wn ho	me		
201	O. Date deceased lest worked this occupation (month	at	11. Total tir	ne (years) 5 mth		
	yaar) (e for e	v-18-19	3-7 occur	tin this 14Y	00-0-1	
12. B	IRTHPLACE (city or town)	Takom	a far	-/-	Other Contributory Causes of importance:	iluna
	(Stata or country)	(hary)	and		Toxerrial	
HER -	3. NAME Dean	Brink	poba	rt		
	4. BIRTHPLACE (city or town	Ser	anton		Nama of operation	Data of
-	(State or country)	Pen	sylvai	ria	What test confirmed diagnosis?	Was there an autopsy?
MOTHER	5. MAIDEN NAME HA	eline	Overa	cker	23. If death was due to external causes (VIOLENCE) fill li	n also the following:
101	6. BIRTHPLACE (city or town	Was	hingto	n	Accident, suicide, or homicide? De	te of Injury, 19
-1	(State or country)	الآ	.00	0 1	Where did injury occur?(Specify city or to	wn, county and State)
f7. IN	FORMANTW as hing	Con San	Jacium.	Necarde	Specify whether injury occurred in INDUSTRY, in HDME	, or In PUBLIC PLACE.
f8. BI	(Address) To had	OVAL OVAL	M	d	Alana of Ind.	
/	Plece Wash.	De.	Date 10/5	1937	Menner of Injury	
	11400	Ch-		Co-	Neture of injury.	
f9. U	NDERTAKER (Address)	2h	the.		24. Was disease or injury in any way related to occupation	on of deceased?
	Oct 21	7- ()	Al In	(dil	(Signad) D. Salel (Reits.
20. FI	ILED-C/C/1-2-1, 19-,	17 7	1-1 VIII A	Registrar.	(Address) 51 Carrol	e. ane -
		If more b	lanks are needed as		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1	1 00

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The principal caus of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	WE CELVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial n	ephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 5 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	1 1 1 1 1 1
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	i

V. S. No. 1 N. B.—V

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(No.
County Moulgoning.	Registration Dist. No. 2/3
Village or City Perchaelle	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
(H) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Narus Umson Gull	vomio If U. S. Veteran, specify WAR
(a) Residence: No. Mouly. (Use - To Clevell (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Colober 30 1937 (Year)
5). If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) about 1858	I last saw her alive on Och. 29, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 5 45 cm.
7 9 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Hypostatic preumonia Och, 26
9. Industry or business in which work was dona, as SILK MILL, Own Tuffure 10. Data this occupation (month and this occupation (month and seven in this occupation (month and seven in this occupation).	Duaction - five dayse
D 1D. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Mauyland (Stata or country)	Other Contributory Causes of importanca: Chronic Indocesarchies
13. NAME DWEN Williams	
14. BIRTHPLACE (city or town) Prouly Co - Maryland (State or country)	Name of operation Date of
# 15. MAIDEN NAME Comme B Fallace	What test confirmed diagnosis? Was there en autopsy?
16. BIRTHPLACE (city or town) Mary land (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT William B. Walto (Address) Ru Blandland	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAN Place a Chille Music Date 7155 / 1937	Manner of injury
19. UNDERTAKER My, Greeben Venughery	Nature of Injury 24. Was disease or injury In any way related to occupation of deceased?
20, FILED //-/- 1937 mis . 21. J. Prace	If so, specify (Signed) (Signed) M. D. Harlley M. D.
Registrar	(Address) Da brille Mal

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Example 1	11	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 5 1931	July 5,1927	Perilonitis	3 days ago
V. 5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			LAND III LE

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY	PHYSICIAN
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